

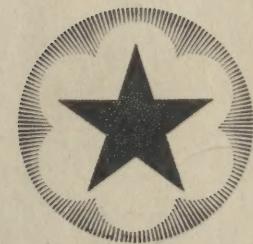
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ARMY SERVICE FORCES MANUAL

M210

OPERATING PROCEDURES FOR INDUSTRIAL DISPENSARIES

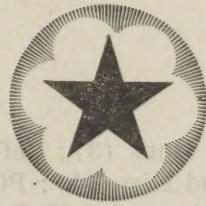
Harold C. Luth



HEADQUARTERS, ARMY SERVICE FORCES.

MARCH 1945

OPERATING PROCEDURES FOR INDUSTRIAL DISPENSARIES



U.S.
Headquarters, Army Service Forces. March 1945

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Washington 25, D. C., 17 March 1945

Army Service Forces Manual M210, Operating Procedures for Industrial Dispensaries, has been prepared under the supervision of The Surgeon General, and is published for the information and guidance of all concerned.

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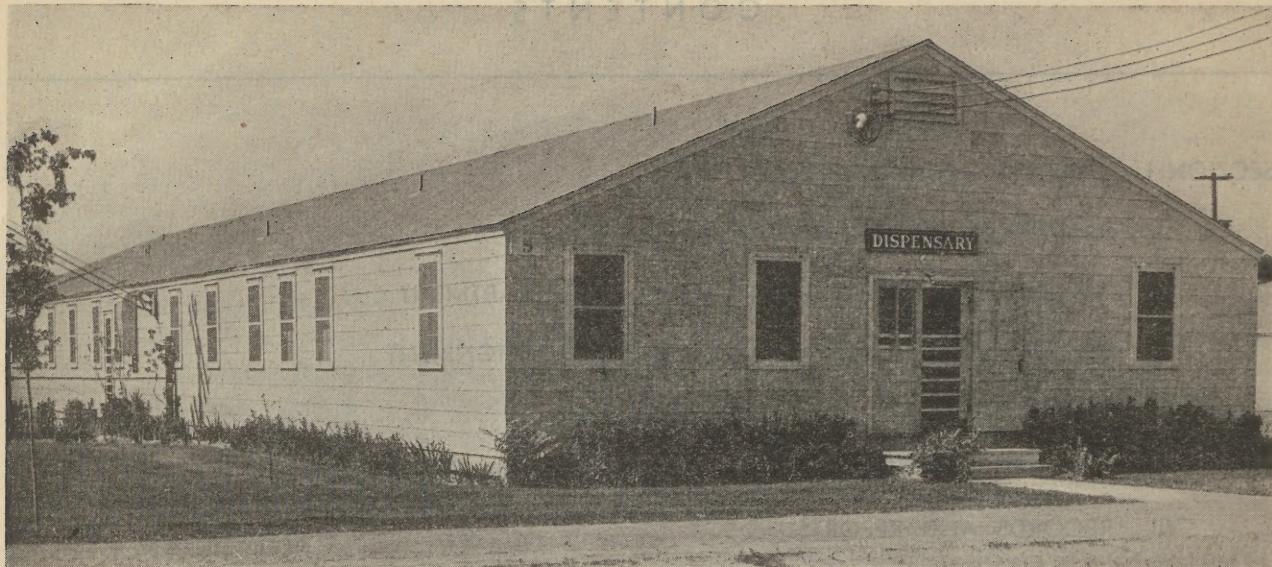
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CONTENTS

	Page
SECTION I. GENERAL INSTRUCTIONS	1
II. INDUSTRIAL HYGIENE ENGINEERING SERVICE.....	3
III. RELATIONSHIP WITH CIVILIAN PERSONNEL DEPARTMENT.....	5
IV. PREVENTIVE MEDICINE PROGRAM AND JOB ASSIGNMENT.....	7
V. EMERGENCY MEDICAL OR SURGICAL CARE.....	15
VI. EMPLOYEES RETURNING FROM SICK LEAVE.....	18
VII. RECORDS AND REPORTS.....	20
VIII. INDUSTRIAL DISPENSARY BUILDINGS.....	25
IX. INDUSTRIAL DISPENSARY SUPPLIES AND EQUIPMENT.....	27



Standard Industrial Dispensary

FOREWORD

An industrial medical program has as its mission not only emergency medical and surgical care but also the reduction of absenteeism. To reduce absenteeism, a prospective employee should be properly fitted, mentally and physically, for the job to which he is assigned. A healthy worker employed in a safe and hygienic working environment has an incentive to do his job well.

This manual is presented as a guide to be followed in establishing and maintaining adequate medical service for employees in Army-owned and Army-operated industrial installations within the Army Service Forces. It is not all-inclusive or limiting. Depending upon the personnel available in the industrial medical department and the type of industry, some of the subjects mentioned should be stressed to a greater degree than others. The industrial medical officer reading this manual will learn the importance of preventive medicine in industry, and apply it to the employees under his care. A well-run medical department will have a definite effect on decreasing absenteeism, increasing production, and reducing total operating costs.

SECTION I

GENERAL INSTRUCTIONS

1. Basic Directives

Circular No. 198, War Department, 1944, as amended by section I, Circular No. 242, War Department, 1944, outlines the industrial medical program of the Army. It is the duty of medical officers and civilian physicians assigned to industrial medical dispensaries in Army-owned and Army-operated installations to familiarize themselves with this circular and such other directives as are published from time to time concerning this program.

2. Status of Employees

The civilian employees of Army-owned and-operated industrial installations are civil service employees and come under the provisions and benefits of the United States Civil Service Commission and the United States Employees' Compensation Commission, which provides compensation for service-connected illness or injury.

3. Functions of Industrial Medical Officer

The medical officer in charge of the industrial medical program at an Army-operated industrial installation has two main functions: (1) the emergency care of sick and injured employees, and (2) preventive medicine. Both are essential. A medical officer may administer an excellent emergency medical service; but unless he knows the employee's job, the materials with which the employee comes into contact, and the environmental conditions under which he works, he cannot evaluate symptoms arising from occupation, nor will he be able to make recommendations for the prevention and control of occupational illness. The industrial medical officer must know his plant and the types of operation going on therein. Recommendations for the improvement of conditions affecting employee health within the plant are the responsibility of the doctor. It is impossible to judge the ability of a prospective employee to carry out the work to which he is to be assigned without sufficient knowledge of what this work entails. Adequate time should be devoted to observation of plant operations and general working conditions.

4. S.O.P. for Industrial Medical Service

The shortage of physicians both in the Armed Forces and in civilian life requires that proper organization of the medical department be effected with the responsibilities of nurses and doctors definitely outlined. Small dispensaries and aid stations may be operated by nursing personnel, but such services will always be the responsibility of a medical officer, and there will be at all times available, on call, doctors or medical officers for professional advice and assistance. It will also be the responsibility of the medical officer to provide all nursing personnel with standing orders which will contain explicit directions as to the extent of their activity in rendering emergency care and medical advice.

5. Industrial Medical Personnel

The industrial medical department will be staffed with the minimum of commissioned officer personnel. Wherever possible, civilian physicians, either contract surgeons or those in civil service grades P4, 5, 6 will be employed. Large and important installations will of necessity require a medical officer to be in charge of the medical service. Physician assistants, wherever possible, will be civilians. The number of physicians or medical officers assigned to the Industrial Medical Service will vary with the size of the plant population and with the type of industry. An explosive or chemical plant requires more medical personnel than would a storage depot of equal size. It is desirable that the ratio of doctor to employee should not be less than 1:3000.

6. Nursing Personnel

Nursing personnel will be registered graduate nurses. Army Nurse Corps personnel will not be assigned to duty in the industrial medical service. The ratio of nurses to employees should be about 1:750 or 1000.

7. Technicians and Clerical Personnel

Technicians and clerks will be civil service employees wherever possible. The number of clerks

and technicians needed depends entirely on the amount of work required at the installation.

8. Contractor Employees

Acute illnesses or injuries of contractor employees will receive emergency care or treatment. For subsequent care, these individuals will be referred to their employer's designated

physician.

9. Military Personnel Assigned to Industrial Operations

The general precepts of preventive medical activities outlined for the industrial medical program will be applied to military personnel assigned to industrial operations.

SECTION II

INDUSTRIAL HYGIENE ENGINEERING SERVICE

10. Value of Engineering Assistance

Industrial hygiene is concerned with (1) the quality of air breathed by the workers, (2) the cleanliness of the working place and the operations, and (3) the fitness of the worker for the job. Any of these factors may influence the efficiency of the worker and therefore the production of the industrial plant. Although these factors are concerned primarily with the etiology of occupational disease or illness, certain aspects of their study and control require experience that is gained in fields of engineering rather than in medical training. For this reason, industrial hygiene engineer officers are essential aids in the over-all picture of the industrial medical program.

11. Operational Inventory

While it is important that the industrial medical officer know all operations which involve exposure to toxic materials, the engineer is best fitted to obtain this information. The engineer should make a complete inventory of all processes and include for each operation, the following information: name and description of operation, number of persons engaged, materials used, produced and handled, substances potentially hazardous, existing control measures if any, and an opinion as to the efficiency of the control measures. In other words, he should be able to tell the industrial medical officer "what he has in the plant." This information is useful to the medical officer as an aid in recommending assignment and transfer of employees, diagnosis and treatment of illness, promotion of health programs. The engineer must keep this inventory accurate. Processes change, new ones are added, and materials and substances used may vary in composition from one lot to another. It is essential that the engineer consider this duty as a continuing one—one which is never completed. Only in this way can the industrial medical officer have an up-to-date picture of the potential health hazards at the installation.

12. Evaluation of Occupational Exposures

Another function of the industrial hygiene en-

gineer is the evaluation of all occupational exposures. Generally, this evaluation may include collection and analysis of atmospheric samples of contaminants, measurements of ventilation rates, observance of personal habits of employees, study of processes, condition of equipment, analysis of materials used, length of exposures, and appraisal of plant housekeeping. Other factors which assist in evaluating a hazard include reports on incidence of occupational disease, studies of absenteeism and its relation to occupational and nonoccupational illness, accident rates, complaints of employees. In some instances, the experience and knowledge of the engineer will be such that an evaluation can be made without detailed study; in others, special assistance through the facilities described at the conclusion of this section may be sought.

13. Control Recommendations

When it has been shown that a hazard exists at an operation, the industrial hygiene engineer should prepare recommendations for its control. The method of control of an occupational health hazard may vary, depending on conditions. However, control methods which the engineer will recommend may be grouped under the following general classifications: Use of local and general ventilation, use of nontoxic or less toxic materials, segregation and isolation of processes, use of personal protective devices and materials, reduction of length of exposure, wet methods, improved housekeeping and equipment maintenance, development of proper working habits and operating techniques. Sometimes it may be necessary to recommend a combination of several types. Also, while not a function of the engineer, control of a hazard may require medical control measures such as periodic examinations, clinical tests and transfer of workers.

14. Importance of Rechecks

A comprehensive industrial medical program is not complete unless the engineer makes frequent check studies to determine whether or not his recommendations have been adopted, and to

measure the effectiveness of the control measures. Such follow-up work is necessary. Essentially this phase of the work must be a continuing reevaluation of the hazards. One of the most important phases of the follow-up work is the determination of maintenance of equipment, for example, measuring air flow to see if control velocities are not decreased due to such causes as clogged ducts, closed dampers, fan belt slipping.

15. Availability of Engineering Assistance

Since it is impractical to assign an industrial hygiene engineer to each Army industrial installation, where the activities do not justify the full-time services of one, there is an industrial hygiene engineer assigned to the headquarters of the various service commands, whose services may be requested for periodic investiga-

tions of occupational health hazards. In addition, where an industrial hygiene engineer is not available in the next higher echelon or where an evaluation of the occupational exposures at a particular installation requires detailed studies involving the use of field and laboratory equipment, such studies can be made by the Army Industrial Hygiene Laboratory, upon request through channels to the Office of The Surgeon General. Engineers from the Laboratory are available to prepare inventories of processes, evaluate hazards, prepare control recommendations, design plans of engineering control for recommendations made, and determine compliance with and effectiveness of control measures. The Laboratory maintains a chemical analytical section which will analyze and report on compositions of materials suspected of containing toxic substances.

SECTION III

RELATIONSHIP WITH CIVILIAN PERSONNEL DEPARTMENT

16. Necessity for Cooperation

Cooperation between the industrial medical department and the personnel department of an installation is essential to the efficient functioning of each. Both share in a common goal: the placement of the employee in the job for which he is best fitted, and the continuing assistance to the employee with whatever support or help is necessary for the best performance of his duties. In the discharge of a third obligation—the handling of cases involving the question of compensation for service-connected illness or injury—the necessity for collaboration between the medical officer and the personnel director is obvious.

17. Exchange of Information

It thus becomes imperative that the industrial medical officer acquaint himself with the personnel department of a post, with its functions, its responsibilities toward the employee, and its method of operation. The industrial medical and civilian personnel officers will cooperate in developing methods for referring appointees and employees for replacement, reassignment, and terminal examinations. To facilitate their common objective, the personnel department should furnish the medical officer with adequate information concerning the duties of the job to which it proposes to assign the appointee, or to which it proposes to transfer an old employee, although this obligation does not absolve the medical officer from the responsibility of knowing and evaluating the occupational health or injury hazards of the assignment. Likewise, as a practical matter, the medical officer's task will be eased if he has some advance knowledge of the employment plans and estimates of the personnel department, and can schedule his work accordingly.

18. Recommendations of Industrial Medical Officer

The medical officer, in his turn, should assist the personnel director by making suitable recommendations concerning the physical fitness of appointees for job assignments, in terms which

are comprehensible to the layman. Furthermore, his recommendations should be based, not merely upon an examination of the general health of the appointee, but also upon considerations arising from his knowledge of the type of work contemplated and any specific limiting or disqualifying factors which have come to his knowledge as a result of the examination. These considerations should apply in all cases of pre-placement and periodic examinations, in any proposed reassignment of an employee, and in the evaluation of a worker's physical condition upon the termination of his employment.

19. Common Goal: Correct Job Placement

It cannot be too strongly emphasized that the efforts of both medical officer and personnel director should be directed toward the adjustment of the capacities of the employee to the demands of the job. The utilization of physically handicapped or otherwise limited employees has become such an important aspect of the manpower situation that its accomplishment may be said to be a major test of the efficiency of the placement and industrial medical service. Only those applicants should be barred from work on the basis of a preplacement physical examination whose condition is such that their employment would endanger the health and safety of themselves, their fellow employees, or endanger the plant itself. When a limitation is placed by the medical officer on the nature of an employee's duties, it should be so indicated that it will be unmistakably clear and definite not only to the employee himself but also to his supervisor, as well as to the personnel department.

20. Confidential Medical Data

The professional ethics upon which the establishment of patient-physician confidence rests require that during the period of a worker's employment, medical records, including those of physical examinations and treatments, will be held confidential by the medical department. Observance of this rule will obviate the possibility of embarrassing situations arising when technical medical information passes through

the hands of clerical assistants outside the medical department. It will tend to encourage an attitude of mutual confidence and respect between the employees and the medical officer without which the job of the latter becomes immeasurably more difficult. Unquestionably, however, the corollary to this rule is the obligation

on the part of the medical officer to make suitable recommendations regarding the appointee's assignment referred to in paragraphs 3 and 4. In general, these recommendations, signed by the medical officer, will be sufficient for the employee's personnel (201) file so long as he is employed at the installation.

SECTION IV

PREVENTIVE MEDICINE PROGRAM AND JOB ASSIGNMENT

21. Preplacement Examination

All prospective employees will be given a preplacement examination by the industrial medical officer or a member of his medical staff where an established medical service is in operation. The physical examination of the male applicant will be done on a stripped subject, and will include complete inspection. In the case of a female applicant, this examination will be in the presence of a nurse or other female member of the medical staff. Females should be provided with a private compartment in which to strip to the waist and put on a chest cape.

22. Other Preventive Medicine Considerations

The nature of the duties of the employee will be given careful consideration, and where desirable in the judgment of the medical officer, additional clinical or laboratory procedures will be accomplished. A thorough physical appraisal is essential in order to place an individual suitably and in keeping with his physical status. Returned soldiers who have suffered physical impairment in the military service and other applicants with physical limitations will receive special consideration, and must be placed in suitable employment as determined by civil service regulations. These individuals will require special periodic rechecks for their protection and to determine the continued suitability of their work. It is important also that female employees receive special consideration with respect to the nature and type of work to be performed. No effort will be spared by the members of the medical department in making recommendations to protect and maintain the health and well-being of the employees.

23. Female Employees

Where female workers predominate, a program of general preventive medicine is essential. Other conditions being equal, female employees can be utilized as efficiently and safely as men. They may be employed at any "toxic" operations that have been made safe for men, as there is no satisfactory evidence that they are more susceptible to chemical intoxication than men.

But the physical capabilities of female workers require careful attention to proper job placement. Women are on the average shorter, lighter, and less strong than men, for whom most machines have been designed. Problems of seating, reaching, leverage, size of handles, etc., need due consideration and the solution may require alterations in guards and tools if fatigue, and as a result, illness and employee turn-over are to be kept at a minimum. Many employed women have a dual responsibility, that of home duties in addition to their work in the plant, and this fact, plus pregnancy, dysmenorrhea, and the menopause, requires careful placement and regulation of hours of employment if absenteeism rates are to be controlled. Many of these factors may be overlooked by a medical officer who restricts his functions to treating an ill or injured employee.

24. Special Cases

The handicapped worker and the soldier returning from active service present a problem which requires much careful thought and knowledge of the plant and its operation if such individuals are to be adjusted properly to industrial activities. It is necessary that cooperation with civilian personnel officers and their assistants be maintained at a high level in attempting to discover possible mental cases among those being rehired.

25. General Criteria

It is not the desire or the intent of this manual to set physical standards, since all applicants will of necessity require individual case appraisal. From a knowledge of the duties to be performed in the proposed work, and the physical appraisal of individuals and their existing defects, judgment will be exercised by the examiner in approval for employment and recommendations for job placement.

26. Physical Examination Record

Physical Examination Record (WD AGO Form 8-179) (see figs. 1 and 2) will be used by all industrial medical departments to record pre-

PHYSICAL EXAMINATION RECORD

1. LAST NAME FIRST NAME - MIDDLE INITIAL		2. DATE OF BIRTH		3. COLOR		4. SEX		5. BADGE NO.		6. SOCIAL SECURITY NUMBER	
SMITH, FRANK A.		4/1/1900		White		<input checked="" type="checkbox"/> MALE		6840		146-01-707	
7. TYPE OF EXAMINATION <input type="checkbox"/> PRE REPLACEMENT <input type="checkbox"/> REEMPLOYMENT		8. DATE OF EXAMINATION 10/17/43		9. HEIGHT 70 INS		10. WEIGHT 175 LBS		11. TEMPERATURE 98.6 °		12. PULSE RATE 76	
14. DUTIES OF JOB Lathe operator, while handles sharp tools, stands while at work. Machinist (lathe-all types)		15. OCCUPATIONAL MEDICAL HISTORY (Where answer is yes, state particulars in Item 97)		Regular and full		CHARACTER Regular		13. BLOOD PRESSURE 140/90		14. DIASTOLIC	
A. HAS APPLICANT EVER BEEN HOSPITALIZED? B. HAS APPLICANT EVER RECEIVED COMPENSATION FOR OCCUPATIONAL ACCIDENT OR DISEASE?		YES NO		YES NO		YES NO		YES NO		YES NO	
16. PALLOR		<input checked="" type="checkbox"/>		47. GOOD REPAIR		<input checked="" type="checkbox"/>		73. CERVICAL NORMAL		<input checked="" type="checkbox"/>	
17. CYANOSIS		<input checked="" type="checkbox"/>		48. DENTURES PARTIAL		<input checked="" type="checkbox"/>		74. THORACIC NORMAL		<input checked="" type="checkbox"/>	
18. SKIN DISEASE		<input checked="" type="checkbox"/>		49. DENTURES COMPLETE		<input checked="" type="checkbox"/>		75. LUMBAR NORMAL		<input checked="" type="checkbox"/>	
19. PSEUDOBASIS -Generalized		<input checked="" type="checkbox"/>		50. GUMS NORMAL		<input checked="" type="checkbox"/>		76. SACRAL NORMAL		<input checked="" type="checkbox"/>	
20. PUPILS EQUAL		<input checked="" type="checkbox"/>		51. Pyorrhea alveolaris grade II, some caries present		<input checked="" type="checkbox"/>		77. Lower spinal tests: normal		<input checked="" type="checkbox"/>	
21. REACTION TO LIGHT		<input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> L		52. PHARYNX NORMAL		<input checked="" type="checkbox"/>		78. HEMORRHOIDS PRESENT		EXT <input checked="" type="checkbox"/>	
22.		<input checked="" type="checkbox"/> L		53. TONSILS NORMAL		<input checked="" type="checkbox"/>		79. RECTUM		INT <input checked="" type="checkbox"/>	
23. PUPILLARY ACCOMMODATION		<input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> L		54.		<input checked="" type="checkbox"/>		80.		<input checked="" type="checkbox"/>	
24.		<input checked="" type="checkbox"/> L		THROAT		<input checked="" type="checkbox"/>		81. SCARS PRESENT		<input checked="" type="checkbox"/>	
25. COLOR VISION (By Ishihara Method)		<input checked="" type="checkbox"/>		55. THYROID NORMAL		<input checked="" type="checkbox"/>		82. TENDERNESS PRESENT		<input checked="" type="checkbox"/>	
Normal		<input checked="" type="checkbox"/>		56. PALPABLE GLANDS PRESENT		<input checked="" type="checkbox"/>		83. LIVER NORMAL		<input checked="" type="checkbox"/>	
EYES		26. DISTANT VISION 00 20/50		57.		<input checked="" type="checkbox"/>		84. OTHER ORGANS, MASSES FELT		<input checked="" type="checkbox"/>	
27. UNCORRECTED 05 20/40		<input checked="" type="checkbox"/>		GLANDS		<input checked="" type="checkbox"/>		85.		<input checked="" type="checkbox"/>	
28. DISTANT VISION 00 20/30		<input checked="" type="checkbox"/>		58. CHEST NORMAL		<input checked="" type="checkbox"/>		86. HERNIA PRESENT		<input checked="" type="checkbox"/>	
29. CORRECTED 05 20/40		<input checked="" type="checkbox"/>		59. BREATH SOUNDS NORMAL		<input checked="" type="checkbox"/>		87. HERNIA PRESENT		<input checked="" type="checkbox"/>	
30. NEAR VISION 00 13-20 in.		<input checked="" type="checkbox"/>		60. RESONANCE NORMAL		<input checked="" type="checkbox"/>		88. RT. INGUINAL SCAR, FIRM. BOTH EXTERNAL RINGS TIGHT.		<input checked="" type="checkbox"/>	
31. UNCORRECTED 05 13-20 in.		<input checked="" type="checkbox"/>		61. FREMITUS NORMAL		<input checked="" type="checkbox"/>		89. RT. INGUINAL SCAR, FIRM. BOTH EXTERNAL RINGS TIGHT.		<input checked="" type="checkbox"/>	
32. NEAR VISION 00 6-13 in.		<input checked="" type="checkbox"/>		62. RALES PRESENT		<input checked="" type="checkbox"/>		90. DEFORMITIES-MOTION LIMITATIONS		<input checked="" type="checkbox"/>	
33. CORRECTED 05 6-13 in.		<input checked="" type="checkbox"/>		63.		<input checked="" type="checkbox"/>		91.		<input checked="" type="checkbox"/>	
34. Last refraction 1937		<input checked="" type="checkbox"/>		ARTERIES		<input checked="" type="checkbox"/>		EXTREMITIES		<input checked="" type="checkbox"/>	
35. PURULENT DISCHARGE R		<input checked="" type="checkbox"/>		64. NORMAL		<input checked="" type="checkbox"/>		92. PATELLAR REFLEX PRESENT		<input checked="" type="checkbox"/>	
36.		<input checked="" type="checkbox"/> L		65.		<input checked="" type="checkbox"/>		93. PATELLAR REFLEX PRESENT		<input checked="" type="checkbox"/>	
37. DRUMS INTACT		<input checked="" type="checkbox"/> R		66. APEX WITHIN MID-CLAVICULAR LINE		<input checked="" type="checkbox"/>		94. RHOMBERG PRESENT		<input checked="" type="checkbox"/>	
S 38.		<input checked="" type="checkbox"/> L		67. SOUNDS NORMAL		<input checked="" type="checkbox"/>		95. GAIT NORMAL		<input checked="" type="checkbox"/>	
EARS 39. AUDITORY CANAL - NORMAL		<input checked="" type="checkbox"/> R		68. MURMUR SYSTOLIC APEX		<input checked="" type="checkbox"/>		96.		<input checked="" type="checkbox"/>	
40.		<input checked="" type="checkbox"/> L		69. MURMUR SYSTOLIC BASE		<input checked="" type="checkbox"/>		NEUROLOGICAL		<input checked="" type="checkbox"/>	
41. ACUITY NORMAL		<input checked="" type="checkbox"/> R		70. MURMUR DIASTOLIC APEX		<input checked="" type="checkbox"/>		97.		<input checked="" type="checkbox"/>	
42.		<input checked="" type="checkbox"/> L		71. MURMUR DIASTOLIC BASE		<input checked="" type="checkbox"/>		98.		<input checked="" type="checkbox"/>	
43. Spoken voice: 15/20 both E338 whisperd voice: 10/15 both E338		<input checked="" type="checkbox"/>		72. Soft systolic murmur transmitted to axilla & angle of left scapula		<input checked="" type="checkbox"/>		99. No tremors present.		<input checked="" type="checkbox"/>	
44. OBSTRUCTION OF AIR PASSAGES R		<input checked="" type="checkbox"/> L		73.		<input checked="" type="checkbox"/>		100.		<input checked="" type="checkbox"/>	
NOSE 45.		<input checked="" type="checkbox"/>		74.		<input checked="" type="checkbox"/>		101.		<input checked="" type="checkbox"/>	
46.		<input checked="" type="checkbox"/>		75.		<input checked="" type="checkbox"/>		102.		<input checked="" type="checkbox"/>	

placement and periodic examinations. It will be completed by the examining medical officer or physician for all employment or reemployment applicants previous to job assignment, and will form a permanent part of the employee's medical 201 file. Information contained on this form will be held confidential by the industrial medical department during the period of the

Figure 1. WD AGO Form 8-179, Physical Examination Record. (Front.)

individual's active employment.

The following general rules for completing the form will apply:

a. In general, the results of the examination

will be recorded by checking the box "YES" or "NO" opposite the listed items. If a particular part of the examination is not done, "NX" will be written in the "YES" column. Thus a check

97. OTHER ABNORMALITIES A. Hospitalized 1938-right hernioplasty, uneventful recovery. B. Classified as occupational hernia. Compensation benefits paid. Psoriasis, generalized (seasonal). Visual acuity defect, adv. check refraction. Slight hearing defect. Pyorrhea alveolaris, dental caries. Mitral valvular disease. Tenderness elicited in right flank. History obtained indicated possibly a low grade kidney infection 3 mos. prior to examination on questioning denied any present symptoms.	
98. IMMUNIZATION: SMALL POX 10/17/43 reimmunization 10/17/43 reimmunization	
99. DIAGNOSIS AND COMMENTS (1) Psoriasis, generalized. (2) Visual acuity defect-adv. check refraction with fitting of correction. (3) Slight hearing defect, not significant, in view of duties. (4) Pyorrhea alveolaris grade II, moderate dental caries-adv. dental care and treatment. (5) Mitral valvular disease compensated. In view of kidney history and findings urinary findings to be scrutinized.	
100. CLASSIFICATION AND ACTION APPROVED FOR DUTIES AS DESIGNATED. SUITABLE FOR <u>John S. John</u> , CAPT., M.C.	
EXAMINER <u>John E. Dorn</u> , CAPT., M.C.	
101. SUBSEQUENT EXAMINATIONS 11/17/43: Recheck. Skin lesion, 1.0., psoriasis subsiding. Corrected visual acuity now 20/20 O.U. Hearing acuity findings consistent with original findings as recorded. Employee shows clinical evidence of gingival treatment and repair of the teeth. Cardiac status unaltered. B.P. 140/90. Physical status consistent with the performance of present duties.	
102. 10/17/44: No complaints, no recent illnesses. Appearance: Not remarkable. Skin: No evidence of lesions of psoriasis. T: 98.60 R: 74 regular, equal, good quality. B.P. 136/86. E.N.T. essentially negative. No progression of hearing changes. Teeth: In good repair. Neck: No adenopathy. Chest: Clear throughout. Heart: Mitral systolic murmur (compensated). Abdomen: Negative findings. Hernia: Rib impaired scar. Rings: Tight. Extremities: Normal. Physical condition: Satisfactory.	

26-22836-50

Figure 2. WD AGO Form 8-179, Physical Examination Record. (Reverse side.)

entry or "NX" will appear in one or the other of every pair of "YES"—"NO" blocks. This means of recording physical findings is adopted for two reasons: (1) because it requires less writing on the part of the examiner and (2) because recording physical findings by number permits, where available, mechanical tabulation of the type of physical handicaps most common and thus a more workable means of cross-indexing with ready reference in deciding which employees require more careful periodic checks of physical condition.

b. At the bottom of each system block—"Appearance," "Eyes," "Ears," etc.—there is a line or two—Item 19 for "Appearance," Item 34 for "Eyes," Item 43 for "Ears,"—in which may be made a short statement describing a particular phase of the examination not covered by the listed items of the particular system block, or an expansion of information recorded by the "YES"—"NO" check system. See the model "Physical Examination Record," for reference.

c. The first 6 items are self-explanatory. It is essential to check whether the examination is preplacement or reemployment, Item 7. Under Item 12, "Pulse," character should be recorded as normal or irregular in rhythm, and whether due to premature beats of the heart with drop beats at the wrist (this may be indicated by "P.B.") or due to auricular fibrillation, etc. Under Item 14, a short statement of the proposed duties of the job will be recorded. This is done in order that the examiner, by knowing what is expected of the applicant, may give a more exact appraisal of the individual's fitness for such work. As explained in Item 15, when a person has been hospitalized or has received compensation for occupational injury or illness, a statement concerning such information will be made under Item 97, "Abnormalities." Under Item 21 and others similar, the "R", "L" pertain to right and left. Under Item 78, "EXT" pertains to external and "INT" to internal hemorrhoids. Under Item 91, directly following "Veins Normal," mention and description of varicose veins should be made if present. Under Item 97 an opportunity is given the examiner to record "Other Abnormalities" not covered in the questions answered on the front sheet. Item 99 should contain a diagnosis and a notation of any medical or general suggestion given the applicant for correction or control of physical defects. Item 100 should contain a notation of

assignment recommendation with limitations of such assignment if any. Item 101 is to be used for periodic examination findings and not for recording treatments of a minor nature which do not affect the general physical condition of the employee. WD AGO Form 8-173 (Treatment Record) (see par. 39), will be used as the primary active means of recording treatments given to employees. The full signature of the examiner is required in ink following the examination when the entire form is filled out. Initials will suffice for subsequent examinations if legible and if reference to the examiner is sufficiently clear by initials.

27. Immunizations

At the time of their preplacement examination, applicants should be vaccinated against smallpox unless they can prove a successful vaccination within 5 years. Every effort should be made to persuade reluctant individuals of the value of vaccination. Experience has shown that most persons will accept vaccination. A very small number will refuse.

a. The occasional individual who, on religious or other grounds, refuses to be vaccinated should not be barred from employment, unless there is an actual or threatened epidemic of smallpox in the vicinity.

b. Paragraph 9e, AR 40-210, provides the commanding officer of a Government reservation with authority to exclude from the reservation, unvaccinated persons if, in his opinion, such action is essential to protect the population against an impending outbreak of smallpox.

c. A general immunization program for employees against other diseases such as typhoid or tetanus is warranted only when there is a specific indication for it.

d. A suitable entry of each immunization will be made on the Physical Examination Record form.

28. Serologic Tests for Syphilis

The employment of individuals with respect to venereal disease will be governed by the following:

a. Where practical, all new employees will be given an acceptable blood serologic test for syphilis.

b. All individuals whose work will entail exposure to chemicals or toxic substances which

may affect the liver, will receive a serologic test for syphilis.

c. It has been clearly established that the usual serologic tests for syphilis may be temporarily positive as a result of causes other than syphilis, such as vaccination for smallpox and certain febrile diseases. Therefore, those individuals on whom a positive serology is reported, from an acceptable laboratory, should have a repeat serology performed after an interval of 7 to 10 days. Should the second report also be positive, the individual should be referred to his private physician, or a suitable clinic, as is his desire. All information on such a subject will be held in strictest confidence by the medical department.

d. Job placement of individuals with consistently positive serologic tests for syphilis:

(1) Those individuals presenting open infectious lesions will not be employed until after at least two intravenous treatments with a suitable arsenical which will prevent communicability if regular treatment is given thereafter.

(2) Employment of such individuals, including those with open lesions, will be predicated upon their receiving continued, adequate anti-syphilitic treatment. Reports of the physicians or clinics concerning these treatments will be required on a monthly basis. All such reports will be held in strictest confidence by the medical department.

(3) No such individual will be recommended for work involving exposure to chemicals or toxic substances which may affect the liver.

29. Chest X-Rays

Where practical, an X-ray of the chest will be made on new applicants especially those assigned to work involving contact with dusts, fumes, or toxic gases. Cases with active pulmonary tuberculosis will not be employed.

30. Mass Tuberculosis Surveys

Through cooperation with the Tuberculosis Control Division, United States Public Health Service, mass chest X-ray surveys of the entire employee population of any Army-operated industrial installation are available; request should be made through channels to The Surgeon General. These chest X-ray surveys are conducted by officers of the U. S. Public Health Service, using their own equipment, on 35-mm films. Questionable cases are checked with standard

14" by 17" films. At the conclusion of the survey, the medical officer of the installation will be informed concerning positive and suspicious cases. Cases of communicable pulmonary tuberculosis will be relieved from active duty both for their own protection and that of other employees. They will be referred to their own private physician or the local county or state public health authorities. Questionable cases of pulmonary tuberculosis will be rechecked following a sufficient time interval by the industrial medical officer with such aid as may be required from public health authorities, and contact with the employee's family physician should be made informing him of the status of the particular individual.

31. Special Examinations

Periodic examinations including appropriate laboratory tests will be given to those employees exposed to toxic chemicals or procedures. The frequency of these examinations will depend upon the judgment of the medical officer unless otherwise directed. Clinical notations of these examinations will be recorded under Item 101, "Subsequent Examinations," of the Physical Examination Record.

32. Annual and Terminal Examinations

Where the size of the medical staff permits, annual and terminal examinations will be made of all employees. This procedure is of vital importance in maintaining employee health, decreasing absenteeism, and obviating future compensation claims. These examinations will be recorded under Item 101, "Subsequent Examinations," of the Physical Examination Record.

33. Classification of Employees Based on Medical Evaluation

The industrial medical department in classifying an applicant for job placement on the basis of physical examination, should be supplied with sufficient information from the personnel department as to what the proposed job is according to a job work sheet. Thorough knowledge by the examiner of the various plant operations will also be of assistance in permitting proper evaluation of the applicant's fitness for the job. In the case of physically handicapped applicants, a familiarity with the "Operations Manual for Placement of the Physically Handi-

capped" (United States Civil Service Commission, Washington, D. C., 3d Edition, June 1944) will facilitate the apprehension of physical limitations and suggest categories for correct job placement.

34. Physical Qualification Placement Record

It is essential that an adequate classification of prospective employees be made and sufficient information given to other departments by which they may appropriately place a worker. In order to fulfill this responsibility WD Form No. 91 Physical Qualification Placement Record (see fig. 3), submitted by the Civilian Personnel Office will be completed and returned to the Personnel Department, and other departments of the installation requesting it, and having a legitimate interest therein. One copy will be retained and incorporated in the applicant's medical 201 file.

a. Section five of this record will have checked either one of the three classifications referable to a person's physical fitness for arduous, moderate, or light work. This classification depends upon an applicant's ability for physical exercises and work.

b. Section six of this record will have checked any of the twenty-one limitations to be observed in job assignment of the applicant. These limitations may not coincide with those indicated in the classifications in section five. For example, a person may be fit for "arduous work" and still should not be assigned to a job requiring accurate near vision, in which case block No. 10, section six will be checked. This same applicant may have others of these blocks checked, as for example No. 13, "Exposure to dampness or chilling."

c. Section seven of this record refers particularly to the need for the wearing of corrective medical appliances while on the job.

d. Section eight is specifically worded for the following reasons: An applicant for employment may have physical disqualifications which could improve to the extent that on subsequent examination he would not necessarily be disqualified. It is unwise to state that a person on the basis of one physical examination will be permanently disqualified from work.

e. Section nine, "Remarks." Under this section any comments concerning the person's physical condition which it is felt should be known by other departments will be listed. No comments or remarks which could be construed

as confidential medical information will be included in the "Physical Qualification Placement Record." Recommendations for job placement other than that originally proposed should be entered in this section, which should also carry the signature of the medical officer or industrial physician recommending the classification.

f. Section ten, "Disability Classification Code Number." Classification of applicants possessing one or more of the disabilities listed below will be indicated by entering the applicable code number, or numbers, in this section. This information is given to the Civilian Personnel Department for the purpose of consolidating placement records on handicapped individuals; such data will be used by the United States Civil Service Commission, which is required by law to keep statistical records on the placement of handicapped employees and which is attempting "to standardize minimum physical requirements necessary for various positions in the Federal Civil service."

(The following table is taken from figure 3, p. xii, "Operations Manual for Placement of the Physically Handicapped," 3d Edition, June 1944, U. S. Civil Service Commission, Washington, D. C.):

Disability Classifications with Code Numbers¹

	Code Number
1. Orthopedic:	
(a) Amputation of—	
Arm ²	01
Arms	02
Hand ²	03
Hands	04
Fingers ³	05
Leg ⁴	06
Legs	07
Foot ²	08
Feet	09
(b) Disability or deformity of—	
Hip or shoulder	12
Arm ²	13
Arms	14
Hand ²	15
Hands	16
Fingers ⁵	17
Leg ²	18
Legs	19
Foot ²	20
Feet	22
Back	24
Hips or shoulders	26

	Code Number	Code Number
2. Vision defects:		
Blind	28	Hard of hearing'.....
Blind in one eye with good vision in the other	30	Chronic diseases:
3. Hearing defects:		Cardiac'
Deaf'	31	Tuberculosis (pulmonary)'
		5. Miscellaneous:
		Dwarf

PHYSICAL QUALIFICATION PLACEMENT RECORD		1. DATE Oct. 17, 1944
2. NAME Smith, Frank A.		3. BADGE NO. 6840
4. POSITION TITLE, SPECIAL WORKING CONDITIONS AND/OR PHYSICAL REQUIREMENTS (Specify numbers of the blocks shown in 6 below applicable to this position)		
Lathe Operator (Metals) 3,5,7,10,12,20		
<i>Wm M. Bradley</i> (SIGNATURE)		
TO BE COMPLETED BY EXAMINING PHYSICIAN		
5. THIS PERSON IS QUALIFIED FOR THE FOLLOWING TYPE OF WORK:		
<input type="checkbox"/> ARDUOUS WORK <input checked="" type="checkbox"/> MODERATE WORK (Excluding severe manual labor) <input type="checkbox"/> LIGHT WORK (Sedentary, or non-laborious type of work)		
6. LIMITATIONS: NOT TO BE ASSIGNED TO A JOB REQUIRING:		
<input type="checkbox"/> 1. ANYTHING OTHER THAN BENCH WORK <input checked="" type="checkbox"/> 2. HEAVY LIFTING <input type="checkbox"/> 3. ANY LIFTING <input type="checkbox"/> 4. REPEATED BENDING <input type="checkbox"/> 5. CONTINUOUS WALKING OR STANDING <input type="checkbox"/> 6. WORK ON LADDERS OR OVERHEAD <input type="checkbox"/> 7. EXPOSURE TO DUSTS <input type="checkbox"/> 8. EXPOSURE TO CHEMICAL FUMES <input type="checkbox"/> 9. ACCURATE FAR VISION <input type="checkbox"/> 10. ACCURATE NEAR VISION <input type="checkbox"/> 11. GOOD HEARING <input type="checkbox"/> 12. WORK AROUND MOVING MACHINERY <input type="checkbox"/> 13. EXPOSURE TO DAMPNESS OR CHILLING <input type="checkbox"/> 14. TRUE COLOR PERCEPTION (color blindness) <input type="checkbox"/> 15. CRANE-TRUCK OPERATION <input type="checkbox"/> 16. TUG TRUCK, TRACTOR OR MOTOR VEHICLE OPERATION <input type="checkbox"/> 17. OPERATING FEEDING MACHINERY <input type="checkbox"/> 18. WORK AROUND TRAFFIC <input checked="" type="checkbox"/> 19. EXPOSURE TO SOLVENTS OR GREASES <input type="checkbox"/> 20. EXPOSURE TO EYE HAZARDS <input type="checkbox"/> 21.		
7. THIS PERSON IS QUALIFIED FOR WORK ONLY AFTER: <input checked="" type="checkbox"/> a. PROCURING PROPERLY FITTED EYEGLASSES <input checked="" type="checkbox"/> b. PROCURING PROPERLY FITTED SAFETY GOGGLES <input type="checkbox"/> c. PROCURING PROPERLY FITTED TRUSS <input type="checkbox"/> d. OTHER		
8. IT IS RECOMMENDED THAT THIS PERSON NOT BE EMPLOYED ON THE BASIS OF PHYSICAL EXAMINATION THIS DATE.		
9. REMARKS:		
10. DISABILITY CLASSIFICATION CODE NUMBER: 37		
SIGNATURE OF EXAMINING PHYSICIAN <i>John E. Barn Capt. M.C.</i>		

To be completed by Supervisor and returned to Civilian Personnel Officer		
11. NAME Smith, Frank A.	12. BADGE NO. 6840	13. SHIFT 8-4
14. ORGANIZATION LOCATION OF POSITION Machine Shop, Section No. 1		
15. POSITION TO WHICH ASSIGNED AND BRIEF DESCRIPTION OF DUTIES Lathe Operator (Metals). Stands at work. No heavy lifting. No exposure to solvents or greases. Properly fitted eyeglasses and safety goggles have been obtained.		
WD FORM 91 APPROVED 21 MARCH '45	SIGNATURE OF SUPERVISOR <i>William Jones</i>	DATE Oct. 20, '44

Figure 3. Physical Qualification Placement Record.

¹A combination of disability code numbers listed for any particular position not necessarily to be interpreted to indicate that a combination of all the defects would be acceptable for placement in that position.

²With other member intact and fully functioning.

³One or more fingers missing on secondary hand with good residual grasping power in that hand and normal function of primary hand. In some positions good grasping power not required in secondary hand.

⁴Amputation one lower extremity with satisfactory prosthesis and with other lower extremity intact and fully functioning.

⁵One or more fingers disabled on secondary hand with good residual grasping power in that hand and normal function of primary hand. In some positions grasping power not required in secondary hand.

⁶Sense of hearing nonfunctioning for ordinary purposes of life. Code number may include deaf mutes, depending upon amount of communication required in routine performance of duties of position in question.

⁷Sense of hearing although defective, functional with or without hearing aid.

⁸Organic heart disease, other than coronary disease, fully compensated without history of decompensation.

⁹Tuberculosis healed or arrested according to classification of National Tuberculosis Association. For some positions of sedentary type and in suitable working environment, persons receiving collapse therapy may be considered.

g. The lower detachable third of the record will be completed by the supervisor and returned to the industrial medical department through the Civilian Personnel office. This action enables the industrial medical officer or physician to check to see that the employee actually is assigned to work for which he or she is physically qualified. This card will be referred to in periodic and special examinations of the employee and included in his medical 201 file.

SECTION V

EMERGENCY MEDICAL OR SURGICAL CARE

35. Priority of Emergency Treatments

The first and main function of an industrial medical program is to provide adequate emergency care for sick or injured employees. The proper handling of acute illnesses or injuries will take precedence over the routine work of the department. To this end, adequate medical service will be available to civilian employees during all working shifts. If the total number of employees on any work shift does not warrant the presence of a physician in the industrial medical department, arrangements will be made to have a physician on call near enough to be able to handle emergency situations.

36. Occupational and Nonoccupational Injury or Illness Defined

There are two classifications of conditions under the type of medical service here contemplated:

a. Occupational injury or illness, comprising any injury resulting from accident, damaging, or harming the physical structure of the body and arising out of and in the course of employment; or any disease or illness resulting from continuous or intermittent exposure of the employee to his occupational environment, and arising out of and in the course of employment.

b. Nonoccupational injury or illness, comprising all cases not covered in *a* above.

37. Necessary Treatment for Occupational Injury and Illness

When an employee presents himself for medical aid for occupational illness or injury, it is the responsibility of the medical department to see that he receives that care and treatment necessary under the circumstances.

a. Cases which cannot be handled by the industrial medical department or which require treatment away from the installation will be referred to one of the designated private physicians listed in United States Employees' Compensation Commission Form C.A. 76 (Medical Facilities), copies of which are obtainable from the commission. "Mere convenience or personal preference of the injured employee will not be considered sufficient explanation for the selec-

tion of private physicians or for designated physicians in localities where Government hospitals and dispensaries are available" (Civilian Personnel Regulations No. 90.5-5, War Department, 3 Sep 1943). "If there should be no United States medical officer or hospital or designated physician available, such services shall be furnished by a duly qualified physician. Authorization for prolonged treatment from such a physician should be obtained from the commission" (sec. 2.1. (a), U.S. Employees' Compensation Commission Regulations, Washington, 1939). If hospitalization is required, the rules set forth by the U. S. Employees' Compensation Commission in its regulations and by AR 40—590, par. 6b(10) and (19), will be followed. Cases may be referred to specialists for diagnosis and/or treatment when in the opinion of the industrial medical officer or the designated physician the condition may best be treated by a specialist. Authorization for treatment by a nondesignated physician or a non-governmental facility should be in letter form, and any action taken in this regard should be communicated to the Commission promptly.

b. If the industrial medical department is adequate from a personnel and physical equipment standpoint to render necessary treatment and the employee may receive ambulatory treatment, this treatment will be afforded the employee throughout the course of his injury or illness.

38. Treatment for Nonoccupational Injury and Illness

If an employee consults the medical department for nonoccupational injury or illness during working hours, emergency treatment will be given to conserve work-time. Symptomatic treatment will frequently enable an employee to return to work. Nonoccupational illness or injury requiring continuing medical care will be referred to the employee's family physician, who will be afforded such information as is available in the medical department concerning the employee. It is not the aim or scope of the Army Industrial Medical Program to interfere

with that medical service which should be rendered by civilian physicians of the community.

39. Treatment Record

Whenever a civilian employee receives medical or surgical treatment from the industrial medical department, for either occupational or non-occupational injury or illness, a notation to this effect will be made on WD AGO Form 8-173 (Treatment Record). (See fig. 4.) This entry will show the employee's name, his badge number, the plant location where he works, the date of his treatment, a brief description of his symptoms or a diagnosis of his case, a notation

date on which the injury occurred must be entered as well as the date of treatment. The same card will be used for subsequent treatments given the same employee, and will form a permanent part of his medical 201 file.

40. Completion of U.S.E.C.C. Forms

In cases of occupational injury or illness, United States Employees' Compensation Commission Form CA-1 (Employee's Notice of Injury), Form CA-2 (Official Superior's Report of Injury) and Form CA-20 (Medical Report) will be completed as prescribed and forwarded to the U. S. Employees' Compensation Commission, through the Civilian Personnel Office, in any of the following conditions (see *g* below):

Figure 4. WD AGO Form 8-173, Treatment Record.

of any treatment given, the disposition of the case (sent home, back to work, or to some other medical facility for further examination or treatment), and the initials of the nurse or physician who actually treated the employee. In addition, a check will be entered in one of the "Performance of Duty" columns indicating whether or not the injury or illness arose out of and in the course of employment; and if the injury or illness is occupational in origin, the

a. When the injury causes loss of time from work beyond the day, shift or turn on which the injury occurred.

b. When any medical expense is incurred other than for dispensary outpatient treatment, or when the employee is referred to any other medical facility for treatment.

c. When any permanent disability, either anatomical or functional, may result from the injury.

- d.* When there may be a probability of future infection or disability.
- e.* When the period of outpatient treatment extends more than ten days.
- f.* When the employee indicates any desire or intention to file a claim with the Commission.
- g.* For instructions on the completion and submission of U. S. Employees' Compensation Commission forms, see War Department Civilian Personnel Procedures Manual 121, "Reporting Employee Injuries and Death Occurring in Performance of Duty," which contains illustrations of completed forms and procedural rules.

This manual is available at all adjutant general distribution depots (Cir. 264, WD, 28 June 1944) and air service command depots. U.S.E.C.C. forms may be requisitioned direct from the United States Employees' Compensation Commission, 285 Madison Ave., New York 17, N. Y.

41. Required Poster

United States Employees' Compensation Commission Form CA-10 (What to Do in Case of Injury) will be posted in a conspicuous place in each industrial dispensary or aid station.

SECTION VI

EMPLOYEES RETURNING FROM SICK LEAVE

42. Clearance Through Medical Department

Employees becoming ill or injured on the job who must be sent home will report to the medical department prior to leaving the installation. When these employees return to work they will report to the medical department for evaluation of their physical condition prior to resuming their job assignment. Should the examination of such individuals at this time reveal information which makes it advisable that they be classified in other than their previous classification, this information will be submitted

43. Medical Absentee Record

All absence attributable to illness or injury will be recorded on the Medical Absentee Record card (WD AGO Form 8-172). (See fig. 5.) In addition to the entries identifying the employee, notations will be made as follows:

a. When the employee reports to the industrial dispensary prior to leaving the installation on sick leave, there will be entered—

(1) The date off work.

(2) The "Performance of Duty" status,—whether the disability is occupational or non-

NAME Smith, Frank A.						M X	F	W X	C	DATE BEGAN WORK 10/28/43
DEPARTMENT Machine Shop #1						SHIFT 8AM-4PM	BADGE NO. 6840			
DATE OFF WORK 8/14/44	DATE RETURNED TO WORK 8/17/44	DAYS LOST 2	PERFORMANCE OF DUTY		DATE REPORTED TO DISPENSARY 8/17/44	DESCRIPTION OF ACCIDENT OR ILLNESS				
			YES	NO		Acute Tonsillitis. A medical certificate issued by employee's physician was submitted covering days of illness.				
WD AGO FORM 8-172 1 MAR 1945						MEDICAL ABSENTEE RECORD				25-8679-50

Figure 5. WD AGO Form 8-172, Medical Absentee Record.

to the personnel department of the installation and the first-line supervisor with recommendation as to limitations of their employment. This type of information will be transmitted by means of the "Physical Qualification Placement Record" (WD Form No. 91).

occupational in origin (see definition of these terms in par. 36, sec. V, "Emergency Medical or Surgical Care"). If doubt exists on this point, the question will be referred to the industrial medical officer or physician in charge.

(3) A brief description of the illness or in-

jury with a statement of its cause.

b. When the employee reports to the industrial dispensary upon return from sick leave, there will be entered—

(1) The date returned to work.

(2) The number of work days lost owing to disability. This number will be computed on the basis of actual calendar days, without regard to leave computed for pay roll purposes.

(3) Any diagnosis from medical sources other than those on the installation.

c. When an employee becomes ill or is injured away from the installation, and following sick leave, reports to the dispensary, all items will then be filled in.

d. The Medical Absentee Record is kept for the purpose of recording absence rather than treatments. All medical and surgical treatments, whether connected with absence or not, will be recorded on the Treatment Record card (WD AGO Form 8-173).

44. Computation of Lost Time

For the purpose of computing over-all time lost

due to occupational illness or to nonoccupational injury or illness, it is recommended that the entries of "Days Lost" on the individual Medical Absentee Records be tallied on a work sheet at such intervals—daily, weekly, or monthly—as seem feasible to the industrial medical officer in view of the number of entries to be so tallied (number of employees and frequency of absences). The entries on this work sheet, which will then form the basis of the data appearing in the Quarterly Occupational Health Report (see par. 49), will necessarily show only accumulated days of absence reported for all cases completed on or prior to the date of the tally entry. Days lost by incompletely cases will not be included. Questions of computing time lost due to asserted injury or illness just prior to separation from service or transfer, when the employee does not return to the installation for clearance through the industrial medical department, will be determined in the light of information available to the industrial medical officer and of the decisions of the personnel department.

SECTION VII

RECORDS AND REPORTS

45. Purpose of Maintenance

Adequate medical records will be maintained within the industrial medical department for the purpose of providing necessary information regarding the health of the civilian employees of the installation as well as revealing the scope and emphasis of the department's activities in relation to the particular occupational environment. Sufficient data will be transmitted to higher echelons to permit an accurate evaluation of the operational efficiency of the reporting department and the adequacy of assigned personnel, and to estimate over-all costs.

46. Medical 201 File

The industrial medical department will maintain a personal medical record (or medical 201) file for every civilian employee at the installation of which it is a part during the course of that employee's active employment. During this period medical officers, contract surgeons, and civilian physicians will at all times remember that physical examinations are privileged communications. Knowledge of this fact by an applicant or employee promotes a better relationship between the industrial medical department and the plant population, and the requirement should be published. The manner in which information of this type will be divulged to other agencies of the War Department or the federal government will be determined by directives issued as necessary.

a. This personal medical record will contain as a basic minimum for each employee the following items, which will be considered an integral and inseparable part of it:

(1) The employee's Physical Examination Record (WD AGO Form 8-179) together with records of subsequent examinations.

(2) A copy of the Physical Qualification Placement Record (WD Form 91) submitted regarding the employee, and the indorsement returned by his supervisor.

(3) Records of laboratory and/or X-ray findings. (For available medical forms on which to record these findings, see War Department Pamphlet No. 12-3, List of Forms Stocked by Adjutant General Depots.)

(4) Any correspondence relative to the physical condition or medical history of the employed.

b. The medical Treatment Record card or cards, and the Medical Absentee Record card or cards, though they need not be kept in employee's medical record file, will form a permanent part of this record, and will be available at all times for review by the industrial medical officer or physician.

47. Disposition

a. When an employee at an installation operating under the Army Industrial Medical Program is separated from the War Department, his medical file will be incorporated in the personnel (201) file and deposited with the Discontinued Projects Branch, 911 Douglas Street, Omaha 8, Nebraska. If an employee moves from one such installation to another within the continental limits of the United States, his medical file will be transmitted to his new station; if he is transferred to a new station outside the United States, his medical file will be deposited with the Discontinued Projects Branch as above.

b. To effectuate this policy, all medical officers at installations operating under the Army Industrial Medical Program are directed to deliver the medical files of employees who separate or transfer from the installation, to the civilian personnel officer for transmittal with the personnel (201) file. Documents in the medical file which within the discretion of the medical officer are prejudicial to the best interests of the employee will be classified, and transmittal will be in accordance with appropriate Army Regulations governing security of classified information.

48. Compiled Daily and Monthly Tally Sheet

a. WD AGO Form No. 8-175 (Compiled Daily and Monthly Tally Sheet) (see fig. 6) is designed to present a survey of the activities of the industrial dispensary or aid station. It will be compiled daily throughout each month by the clerical section of the industrial medical

COMPILED DAILY AND MONTHLY TALLY SHEET FORM

INSTALLATION Bluestone Ordnance Depot						STATION Consolidated Report covering Industrial Dispensary, Aid Sta. A, Aid Sta. B, and Aid Sta. C.						SHIFT First Second Third					
MONTH	PHYSICAL EXAMINATIONS					TREATMENTS					LABORATORY TESTS		MISCELLANEOUS				
	NUMBER		RESULT			OCCUPATIONAL			NON-OCCU-PATIONAL		SEROLOGY	X-RAY (Chest)	MEDICAL CONSULTATIONS	IMMUNIZATIONS			
	PREPLACEMENT	PERIODIC	OTHER	HANDICAPS CLASSIFIED	REJECTIONS	NEW INJURY	INJURY REDRESSED	NEW ILLNESS	OLD ILLNESS	NUMBER OF CASES							
October	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
	1	0	0	0	0	0	43	15	0	0	5	28	0	0	2	0	0
	2	36	6	3	5	2	41	61	3	2	47	201	33	36	9	39	24
	3	43	4	5	7	1	48	70	0	0	53	195	42	43	11	43	47
	4	43	4	2	4	1	37	56	1	0	39	202	56	43	7	44	49
	5	37	3	1	3	0	50	44	0	1	37	166	30	37	13	48	38
	6	31	7	7	0	0	28	47	0	0	20	155	38	31	20	31	24
	7	11	5	9	1	0	61	18	1	0	22	175	16	11	23	16	15
	8	0	0	0	0	0	11	29	0	0	3	26	0	0	1	0	0
	9	7	8	10	0	0	46	43	0	1	107	203	8	12	29	7	11
	10	14	4	7	1	0	35	61	0	0	66	178	14	14	18	17	14
	11	19	0	9	2	1	29	48	0	0	52	154	10	23	35	22	22
	12	10	2	8	0	0	41	50	0	0	47	137	19	15	22	13	10
	13	12	1	10	1	0	46	47	0	0	46	151	12	22	33	12	6
	14	6	3	14	1	0	53	48	0	0	51	160	7	6	21	3	7
	15	0	0	0	0	0	25	41	0	0	10	41	0	0	0	0	0
	16	49	2	0	4	2	70	35	0	0	99	213	41	49	10	45	48
	17	43	4	3	3	2	39	53	0	0	87	207	53	43	8	40	49
	18	41	3	1	6	1	62	46	0	0	85	196	35	41	9	48	52
	19	47	4	0	7	1	46	41	0	0	84	197	43	47	11	52	51
	20	25	4	2	2	0	17	42	0	0	72	174	37	27	14	33	31
	21	20	4	8	2	0	81	45	0	0	60	141	24	20	21	18	10
	22	0	0	0	0	0	25	16	0	0	8	36	0	0	0	0	0
	23	13	2	3	2	0	43	44	0	0	95	187	13	13	12	11	8
	24	10	1	10	2	0	44	46	0	0	63	173	11	15	7	14	12
	25	7	2	13	0	0	47	48	0	0	51	150	8	7	23	4	6
	26	5	3	14	0	0	56	52	0	0	53	161	5	5	34	8	11
	27	14	4	8	2	1	18	53	0	0	40	133	16	14	17	12	14
	28	6	5	12	0	0	19	44	1	0	39	141	8	6	22	6	9
	29	0	0	0	0	0	15	8	0	0	9	39	0	0	3	0	0
	30	11	6	7	0	0	70	45	2	0	106	203	15	11	25	9	23
	31	11	5	10	1	0	61	47	0	0	89	197	14	11	17	13	23
	TOTAL	571	96	175	56	12	1307	1343	8	4	1644	4720	608	602	477	608	614

Nancy Sharp, RN

NAME OF INDIVIDUAL COMPLETING FORM

Figure 6. Compiled Daily and Monthly Tally Sheet.

QUARTERLY OCCUPATIONAL HEALTH REPORT			FOR QUARTER ENDING 31 December 1944			CONTROL APPROVAL SYMBOL MDO 1-115			
1. TO: OFFICE OF THE SURGEON GENERAL, OCCUPATIONAL HEALTH DIVISION, WASHINGTON 25, D.C. (Thru: Channels)									
2. NAME AND ADDRESS OF INSTALLATION MAKING REPORT Bluestone Ordnance Depot, Bluestone, Tennessee									
3. CIVILIAN PERSONNEL EMPLOYED AT END OF QUARTER			4. MAJOR HAZARDS (During Report Period) Ordnance manufacture & maintenance: Exposure to fumes and dust of tetryl, TNT, DNT, lead & other compounds; silica dust; ether & paint vapors; carbon monoxide. Mechanical parts and machinery.						
MALE 6007	FEMALE 3514	TOTAL 9521							
5. PERSONNEL ADMINISTERING PROGRAM			FULL TIME		PART TIME		SHIFTS		
a. MEDICAL OFFICERS OR PHYSICIANS			3	1	1	2	2	0	
b. NURSES			12	0	5	4	3		
c. TECHNICIANS, CLERKS, ETC.			15	0	7	7	1		
d. TOTAL PERSONNEL			30	1	14	13	4		
6. UNIT EQUIPMENT AT END OF QUARTER			NO. OF UNITS			NO. OF BEDS			
a. INDUSTRIAL DISPENSARIES			1			5			
b. INDUSTRIAL DISPENSARY AID STATIONS			3			3			
c. AMBULANCES			3						
7. INDUSTRIAL AND NONINDUSTRIAL ILLNESS AND INJURY DATA BY MONTH									
a. OCCUPATIONAL	NO. CASES			NO. TREATMENTS			NO. DAYS LOST		
	MO. Oct.	MO. Nov.	MO. Dec.	MO. Oct.	MO. Nov.	MO. Dec.	MO. Oct.	MO. Nov.	MO. Dec.
i. ILLNESS	8	8	6	12	14	10	0	0	0
2. INJURY	1307	1346	1285	2650	2701	2593			
b. NON-OCCUPATIONAL ILLNESS & INJURY	1644	1628	1809	4720	4662	5022	7064	6256	8347
8. PREVENTIVE MEDICAL ACTIVITIES			NO.						NO.
a. PREPLACEMENT EXAMINATIONS			1809	e. SEROLOGICAL TEST					1867
b. PERIODIC EXAMINATIONS			311	f. X-RAYS OF CHEST					1924
c. HANDICAPS CLASSIFIED			177	g. CONSULTATIONS					1402
d. REJECTIONS			35	h. IMMUNIZATIONS					1859
9. REMARKS Major cause for rejection of applicants: uncompensated valvular disease of heart, active tuberculosis. During quarter, 532 annual examinations and 1901 lab. tests for special placement were made. Occupational illness chiefly dermatitis. Mild upper respiratory epidemic occurred in December. Programs in effect include: education in industrial hazards and safety training; nutrition; weekly VD and orthopedic clinics. 200-bed station hospital is located on post, 125-bed hospital in Bluestone, Tenn. 10½ miles distant.									
DATE 2 January 1945	MEDICAL OFFICER, CONTRACT SURGEON OR PHYSICIAN IN CHARGE OF INDUSTRIAL MEDICAL SERVICE JOHN E. DORN, Captain, Medical Corps.								
WD AGO FORM 8-177 1 MAR 1945	(SEE REVERSE SIDE FOR INSTRUCTIONS)								

Figure 7. WD AGO Form 8-177, Quarterly Occupational Health Report.

department. It may be compiled at outlying aid stations; and by the charge nurse of each work shift if the installation is operating on more than one shift. In these events, the sheets so compiled will be consolidated at the main dispensary. The method for tabulating data from which the tally sheet is compiled will be determined locally by the medical officer or physi-

cian in charge of the industrial medical department.

b. The items on the Compiled Daily and Monthly Tally Sheet are generally self-explanatory. The month covered will be entered under "Month" in Column 1. Under their respective categories, enter on the horizontal line to the right of the day of the month the number of

INSTRUCTIONS

General All Army Service Forces installations within the scope of WD Circular No. 198 (1944) will prepare the QUARTERLY OCCUPATIONAL HEALTH REPORT (W.D., AGO, Form No. 8-177) for submission in duplicate through channels within ten days following the close of the quarter period covered (viz., Jan-Mar, Apr-June, July-Sept, Oct-Dec.) The commanding general of the service command in which the installation is located (or in the case of a port of embarkation, the Chief of Transportation) will retain one copy and will forward the other copy to The Surgeon General. No letter of transmittal will accompany the report.

Items in this form will be completed by the industrial medical officer or physician at the reporting installation. All medical data will be based on records kept by the industrial medical department at the installation.

The form will be completed in its entirety; a negative report for an item will be indicated by "0" or "None".

Items 1-3 Self-explanatory.

Item 4 Indicate principal industrial activities and specify any inherent occupational hazard which the industrial medical program is designed to control: e.g., noxious fumes, mists, or gases, dust, explosives, lubricants, solvents, radium, etc.; other mechanical or operational hazards. A positive statement is desired.

Item 5 Indicate number of personnel at time of making report. Include contract surgeons under "a. Medical Officers or Physicians." If there is more than one work shift, enter number of department personnel on each shift.

Item 6 Classify equipment according to those Medical Supply Catalog designations for unit equipment which it most closely approximates (see section: "Industrial Dispensary Supplies and Equipment," ASF Manual M210). Indicate other major equipment or accessible facilities under Item 9.

Items 7-8 Entries in these items will be based on W.D., A.G.O. Form No. 8-175, COMPILED DAILY AND MONTHLY TALLY SHEET.

7a 1 Occupational Illness: Under Number of Cases per month enter total from Column 9 ("New Illness") for corresponding month on TALLY SHEET. Under Number of Treatments per month enter sum of totals from Column 9 ("New Illness") and Column 10 ("Old Illness") for corresponding month on TALLY SHEET.

7a 2 Occupational Injury: Under Number of Cases per month enter total from Column 7 ("New Injury"), for corresponding month on TALLY SHEET. Under Number of Treatments per month enter sum of total from Column 7 ("New Injury") and Column 8 ("Injury Redressed") for corresponding month on TALLY SHEET.

7b Non-occupational Illness and Injury: Under Number of Cases per month enter total from Column 11 ("Number Cases") for corresponding month on TALLY SHEET.

Number of Days Lost. (for Occupational Illness and Non-Occupational Illness and Injury). Entries will be based on data assembled from W.D., A.G.O. Form No. 8-172, MEDICAL ABSENTEE RECORD.

8a-8h. Enter sum of totals for columns similarly titled on TALLY SHEETS for the three months covered in the quarterly period (e.g., for Item 8a, Preplacement Examinations, add totals of Column 2, ("Preplacement") on TALLY SHEET for January, February, and March, or whichever three months are embraced by the report).

Item 9 State major causes for "Rejections," Item 8d above. Also include here any preventive medicine activities for data not previously covered (e.g., material compiled in columns 4 and 17 of TALLY SHEET). Note any health education program in effect, such as Safety, Nutrition, Personal Hygiene, Public Health, Control of Sick-Absenteeism, etc. Indicate when significant, predominant types of illnesses treated for Items 7a 1 and 7b above. Include comment on any condition that needs correction.

examinations, laboratory tests, medical treatments, etc., performed upon that day. Under "Preplacement" (Physical Examinations: Examinations Given) include reemployment as well as preplacement examinations; under "Periodic" all recheck examinations against occupational hazards or for handicapped employees; "Other" examinations might include annual examinations, terminal examinations, examination of employees for oversea assignment, etc. Under "Chest X-rays" enter the number of pictures taken in connection with preplacement examinations or for routine or mass tuberculosis surveys; diagnostic X-rays made on employees individually would appear under one of the Treatment categories. The "Miscellaneous" column designated "Other" may be used to include treatments, tests, clinics or activities not otherwise covered; the classification may be written in.

49. Quarterly Occupational Health Report

The Compiled Daily and Monthly Tally Sheet Form is the basis from which most of WD AGO Form 8-177 (Quarterly Occupational Health Report) Control Approval Symbol MDO 1-115, is completed. (See fig. 7.) Directions for the accomplishment and submission of this latter form are included on its reverse side. (See fig. 8.)

The data on the number of days lost for occupational illness (Item 7a) and for nonoccupational illness and injury (Item 7b) may be taken from the tallied work sheet described in paragraph 44. It should be noted that these data represent accumulated time lost; consequently, the entries for days lost in each month reflect the number of days reported lost during that month. Absences occurring during one quarter but not terminating, and not computed, till the next quarter, will be carried in the report for the subsequent quarter.

SECTION VIII

INDUSTRIAL DISPENSARY BUILDINGS

50. Standard Floor Plans

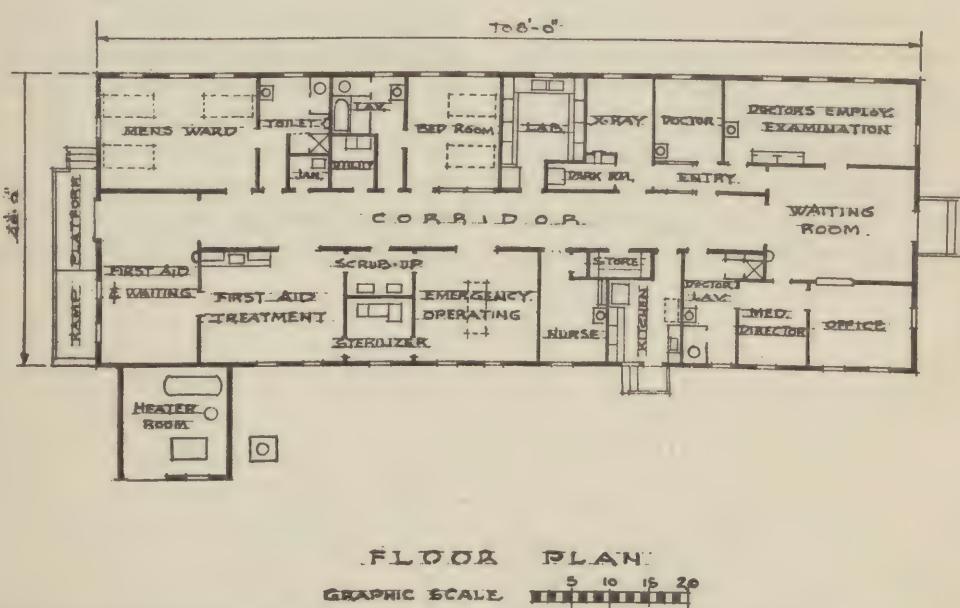
Figures 9 and 10 show floor plans of standard U. S. Army industrial dispensary buildings. (See frontispiece for exterior view of typical construction.) Two main types of structures are recommended, 108' by 40' and 140' by 40'. These dispensaries are suitable for the central medical department of an industrial installation and have proved to be generally adequate for installations ranging from 2,000 to 15,000 employees. The basic plan from which these buildings are drawn is capable of expansion when and if necessary. It will be noted that one of the main differences between the two floor plans is the size of the X-ray rooms. Generally speaking, an X-ray is a valuable and a necessary adjunct to industrial medical practice. Depending upon the number of employees and the type of industry at the installation, a larger or smaller X-ray machine is required.

51. Advantage of Standard Plans

An advantage of the standard industrial dispensary as illustrated lies in the fact that these buildings have been approved by the Hospital Construction Division, The Surgeon General's Office and the Office of The Chief of Engineers. If an industrial dispensary is required for an installation, and approved by the service command and the Office of The Surgeon General, there is little delay in breaking ground for construction, as the intricate engineering details of these buildings have already been accomplished. Savings in time-factor and architect and engineering fees are sufficient in importance to overrule specific design changes in most instances.

52. Utilization of Existing Buildings

Should existing building facilities be available in a new installation, the Office of The Surgeon



DISPENSARY
TYPE - DISP. F-H

OFFICE OF THE SURGEON GENERAL
HOSPITAL DIVISION
CONSTRUCTION BRANCH

Figure 9. Floor Plan, Dispensary F-H.

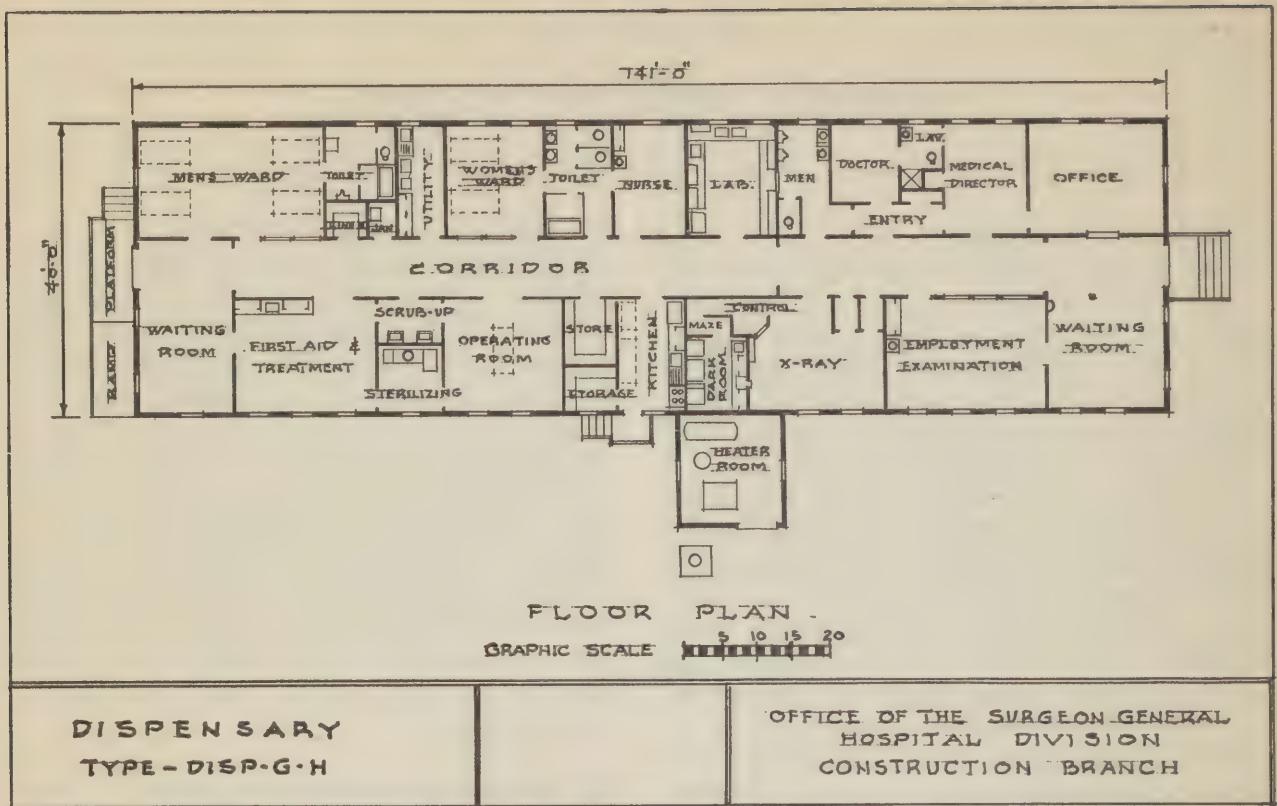


Figure 10. Floor Plan, Dispensary G-H.

General will design interior renovation of such buildings provided sufficient square footage is available and the location of the building is suitable for a central industrial medical department. An adequate written request for the modification of such an existing structure should be sent through command channels to The Surgeon General's Office if a separate industrial dispensary building is not desired. Full reasons for this departure from standard procedure should accompany any such request.

53. Required Approval

According to existing regulations (par. 2, sec. IV, ASF cir. No. 178, 1944), "Any request for new construction, additions, or alterations (except items strictly for repairs or maintenance), the cost of which exceeds \$1000, at Class I, II, or IV installations, must be approved personally by the commanding general of the interested service command or the chief of the interested technical service and must contain complete justification for the proposed work."

SECTION IX

INDUSTRIAL DISPENSARY SUPPLIES AND EQUIPMENT

54. Medical Supply Catalog Items

In general, all medical supplies and equipment for use in the industrial medical program will be drawn from those items appearing in Army Service Forces Catalog, MED 3, a copy of which should be in every industrial medical department. If the catalog and catalog changes have not been distributed automatically, or if additional copies are required, they may be obtained from adjutant general distribution depots in accordance with Circular No. 264, War Department, 1944, which list the addresses and distribution areas of these depots.

55. Standardized Unit Equipment

Complete unit equipment (Items 9725603, 9725605, and 9725610 in ASF Cat. MED 3) for operating industrial dispensaries and aid stations has been standardized, and will form the basis of requisition for initial equipment for these units. Lists of the component parts of these items may be requisitioned from adjutant general depots under the following stock numbers and nomenclature:

Army Service Forces Catalog, MED 10-16,

Miscellaneous ZI Units, Item 9725603, Industrial Dispensary No. 1 (when published).

Army Service Forces Catalog, MED 10-16,

Miscellaneous ZI Units, Item 9725605, Industrial Dispensary No. 2 (when published).

Army Service Forces Catalog, MED 10-16,

Miscellaneous ZI Units, Item 9725610, Industrial Dispensary Aid Station (when published).

Medical officers and physicians in charge of industrial dispensaries and aid stations will ascertain that these units are equipped with a minimum of the supplies included in the applicable unit equipment item, as follows:

a. Item 9725603, Industrial Dispensary No. 1, contains complete equipment for an industrial dispensary building or for a dispensary with a floor space of 4,000 to 5,000 square feet. This list is considered adequate to enable the medical department to give emergency medical or

surgical care as well as preplacement or periodic physical examinations including necessary laboratory work.

b. Item 9725605, Industrial Dispensary No. 2, includes additional Roentgen Ray equipment for taking 4" by 5" photo-fluorographic films. This equipment will be issued only to those stations where there are over 10,000 civilian employees and where adequate medical department personnel are available for properly operating this equipment. This item must be requisitioned with written explanation as to its need and the ability of the station to use it properly. Approval by the Office of The Surgeon General is necessary.

c. Item 9725610, Industrial Dispensary Aid Station, contains necessary items for equipping a first-aid station. This equipment is adequate for a room at least 20' by 20'. First-aid stations are designed to be run by nursing personnel, and a requisition for Item 9725610 will not be approved unless nursing personnel is available for such a first-aid station.

56. Nonstandard Items

There are instances in which specific medical items not included in the above equipment lists may be necessary at individual stations. Should such be the case, a requisition for needed items will be forwarded, together with an adequate written explanation of the necessity for the requisition, to the medical supply depot serving the installation. These requisitions must be approved by the Office of The Surgeon General before issue. Wherever possible, items listed in the Medical Supply Catalog will be requested.

57. Emergency Purchases

Subject to conditions set forth in section VII, War Department Circular No. 310, 20 July 1944, small quantities of items immediately needed to save life or prevent suffering and distress may be purchased without prior authority. Necessary vouchers and forms which must be submitted in such cases are described in paragraph 7b(2), AR 40-1705.

58. Assistance in Obtaining Medical Supplies

For general assistance in obtaining medical supplies, and recommendation regarding nonauthorized items, the post industrial medical officer or physician is advised to contact the designated industrial medical officer at the headquarters of that service command in which his station is located. For specific information regarding the determination of stock levels and inventory requirements, the maintenance of stock record cards, issue slips, and other record forms, and the procedure and channels for submitting requisitions for initial and replenishment supplies, the industrial medical officer or physician is advised to contact the nearest medical supply officer or medical distribution depot.

The following depots have been designated for the issue of medical supplies to stations within the continental United States (their respective distribution areas are shown on the map in fig. 11) :

Binghamton Medical Depot
Binghamton, New York.

San Francisco Medical Depot
1855 Folsom Street
San Francisco 1, California.

Denver Medical Depot
3800 York Street
Denver 1, Colorado.

Medical Supply Officer
(Thru: Commanding Officer)
Savannah ASF Depot
Savannah, Georgia.

Los Angeles Medical Depot
2001 S. Alameda Street
Los Angeles 54, California.

Medical Supply Officer
(Thru: Commanding Officer)
Seattle ASF Depot
4735 E. Marginal Way
Seattle 4, Washington.

St. Louis Medical Depot
12th & Spruce Streets
St. Louis, Missouri.

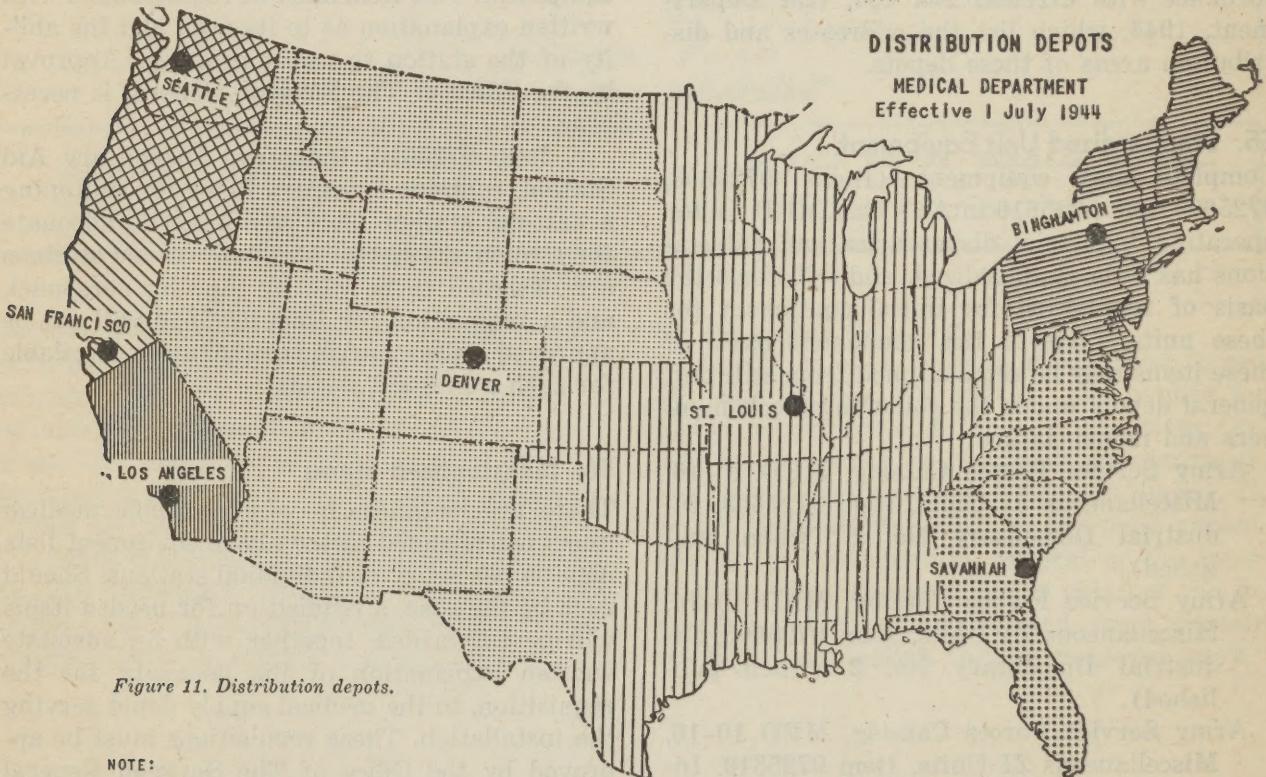


Figure 11. Distribution depots.

NOTE:

1. ALL CALIFORNIA INSTALLATIONS SITUATED NORTH OF A LINE DRAWN FROM MONTEREY TO BRIDGEPORT AND INCLUDING THESE CITIES, ARE ASSIGNED TO THE SAN FRANCISCO DEPOT; ALL SOUTH OF THIS LINE TO LOS ANGELES.
2. ALL TEXAS INSTALLATIONS SITUATED WEST OF LINE DRAWN JUST EAST OF WICHITA FALLS, MINERAL WELLS, BROWNWOOD, AND THE JUNCTION OF THE PECOS AND RIO GRANDE RIVERS ARE ASSIGNED TO THE DENVER DEPOT; ALL EAST OF THIS LINE TO ST. LOUIS DEPOT.
3. D.C., FT. MYER, VA. AND FT. BELVOIR, VA. ARE INCLUDED IN THE DISTRIBUTION AREA OF BINGHAMTON MEDICAL DEPOT.

More detailed instructions are contained in the following publications:

Army Regulations 40-1705, Medical Supplies, 2 November 1942, and Changes.
TM 38-403, Station Supply Procedure, 1 August 1944.
TM 38-220, Stock Control Manual for

Posts, Camps, and Stations, 9 May 1944 (particularly sec. IX).

War Department Supply Bulletin SB 8-13, Sources of Medical Supplies for all Ports of Embarkation and all Posts, Camps, and Stations in Continental United States, 27 September 1944, and Changes No. 1, 15 February 1945.

